

PTO/SB/17 (07-06)
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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

Complete if Known

Application Number	10/642,365
Filing Date	August 14, 2003
First Named Inventor	Michael S. H. Chu
Examiner Name	N. R. Pous
Art Unit	3731
Attorney Docket No.	MIY-P03-024

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Fish & Neave IP Group, Ropes & Gray LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
43	- 84 =	0	50.00 =	0.00		

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>		<u>Extra Claims</u>		<u>Fee (\$)</u>		<u>Fee Paid (\$)</u>
5	- 5 =	0	x	200.00	=	0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

SUBMITTED BY

Signature: <i>Annika K. Imbrie</i>	Registration No. (Attorney/Agent): 58,719	Telephone: (617) 951-7000
Name (Print/Type): Annika K. Imbrie	Date: April 13, 2007	

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: April 13, 2007

Signature: *Jennifer Cioffi* (Jennifer Cioffi)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date:

4/13/07

Signature:

Jen P. Claff
(Jennifer Claff)Docket No.: MIY-P03-024
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Patent Application of:
Chu et al.

Application No.: 10/642,365

Confirmation No.: 1647

Filed: August 14, 2003

Art Unit: 3731

For: SYSTEMS, METHODS AND DEVICES
RELATING TO DELIVERY OF MEDICAL
IMPLANTS

Examiner: Natalie R. Pous

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (IDS)MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-145004/18/2007 WASFAM1 00000020 181945 10642365
01 FC:1806 180.00 DA

Dear Sir:

In accordance with 37 CFR 1.97, Applicant(s) hereby make of record the following additional documents. A PTO Form SB/08 and a full copy of each of the documents required under 37 CFR 1.98(a)(2) accompany this statement.

This Information Disclosure Statement is filed more than three months after the U.S. filing date, OR more than three months after the date of entry of the national stage of a PCT application, AND after the mailing date of the first Office Action on the merits, whichever occurs first, but before the mailing date of a Final Office Action or Notice of Allowance (37 CFR 1.97(c)).

This statement is not to be interpreted as a representation that the cited documents are material, that an exhaustive search has been conducted, or that no other relevant information exists. Nor shall the citation of any document herein be construed *per se* as a representation that such

Application No.: 10/642,365

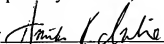
Docket No.: MIY-P03-024

document is prior art. Moreover, Applicant(s) understand(s) the Examiner will make an independent evaluation of the cited documents.

Please charge our Deposit Account No. 18-1945 in the amount of \$180.00 covering the fee set forth in 37 CFR 1.17(p). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 18-1945, under Order No. MIY-P03-024. A duplicate copy of this paper is enclosed.

Dated: April 13, 2007

Respectfully submitted,

By 

Annika K. Imbrie, Ph.D.

Registration No.: 58,719

FISH & NEAVE IP GROUP, ROPES & GRAY
LLPOne International Place
Boston, Massachusetts 02110-2624
(617) 951-7000
(617) 951-7050 (Fax)
Attorneys/Agents For Applicant



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Substitute for form 1449A/B/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet 1 of 1

Complete If Known

Application Number 10/642,365
Filing Date August 14, 2003
First Named Inventor Michael S. H. Chu
Art Unit 3731
Examiner Name N. R. Pous
Attorney Docket Number MIY-P03-024

U.S. PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code* (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	A189	US-5,626,614	05/1997	Charles C. Hart	
	A190	US-5,379,496	01/1995	Kraus, Mark J.	
	A191	US-5,814,072	09/1998	Bonutti, Peter M.	
	A192	US-2001/053916	12/20/2001	Rioux, Robert F.	

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Foreign Patent Document Country Code* Number-Kind Code* (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	* ²
	B33	WO-01/78609	10-25-2001	Smith & Nephew Inc.		
	B34	WO-02/058564	08-01-2002	American Med Syst		
	B35	EP-1 201 189	05-02-2002	Ethicon GMBH		
	B36	WO-98/19906	05-14-1998	Boston Scientific Corporation		
	B37	WO-99/59477	11-25-1999	Christopher J. Walshe		

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. * CITE NO.: Those application(s) which are marked with an single asterisk (*) next to the Cite No. are not supplied under 37 CFR 1.96(a)(2)(iii) because that application was filed after June 30, 2003 or is available in the IFW. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

NON PATENT LITERATURE DOCUMENTS

Examiner Initials	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	* ²

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

Examiner Signature	/Melissa Ryckman/ (07/23/2008)	Date Considered	
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ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /MR/
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